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## BIB DATA SHEET

CONFIRMATION NO. 9127

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/692,563	10/24/2003 RULE	514	1628	16534-526002US	
<b>APPLICANTS</b> Michael Draper, Plaistow, NH; Mark L. Nelson, Norfolk, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,259 10/24/2002 and is a CIP of 10/128,990 04/24/2002 ABN which claims benefit of 60/286,193 04/24/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/23/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SABIHA NAIM QAZI/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <small>500/21</small> Initials	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 86	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES					
<b>TITLE</b> Substituted tetracycline compounds for the treatment of malaria					
<b>FILING FEE RECEIVED</b> 2990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		